



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3477

|   |   |  |                                 |  |                           |                                |
|---|---|--|---------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/694,081  | <b>FILING or 371(c)<br/>DATE</b><br>10/28/2003<br><b>RULE</b>   | <b>CLASS</b><br>705                                      | <b>GROUP ART UNIT</b><br>3626   | <b>ATTORNEY DOCKET NO.</b><br>116168                         |                           |                                |
| <b>APPLICANTS</b><br>E. DeVere Henderson, Arlington, VA;<br>Timothy P. Coffin, Springfield, VA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/474,931 06/03/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>01/23/2004 |   |  |                                 |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /KRISTINE K<br>RAPILLO/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>VA   | <b>SHEETS DRAWINGS</b><br>7                                  | <b>TOTAL CLAIMS</b><br>21 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>OLIFF & BERRIDGE, PLC<br>P.O. BOX 320850<br>ALEXANDRIA, VA 22320-4850<br>UNITED STATES  |   |  |                                 |  |                           |                                |
| <b>TITLE</b><br>Systems and methods for qualifying expected loss due to contingent destructive human activities   |   |  |                                 |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>394   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                 | <input type="checkbox"/> All Fees                            |                           |                                |
|   |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|   |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|   |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|   |   |  |                                 | <input type="checkbox"/> Other _____                         |                           |                                |
|   |   |  | <input type="checkbox"/> Credit |  |                           |                                |